

COMMONWEALTH OF VIRGINIA
DEPARTMENT OF ENVIRONMENTAL QUALITY
VIRGINIA POLLUTANT DISCHARGE ELIMINATION SYSTEM (VPDES)
DISCHARGE MONITORING REPORT (DMR)

DEPT OF ENVIRONMENTAL QUALITY
(REGIONAL OFFICE)

Northern Regional Office

13901 Crown Court

Woodbridge

(703) 583-3800

VA

22193

NOTE: READ PERMIT AND GENERAL INSTRUCTIONS BEFORE COMPLETING THIS FORM

TYPE: **STORM WATER**
XXXXX MONITORING

VAR05XXXX
PERMIT NUMBER

001
OUTFALL NO.

PERMITTEE NAME Facility Name

FACILITY NAME Facility Name
ADDRESS Facility Mailing Address
City VA Zip Code

FACILITY Facility Physical Address
LOCATION City VA Zip Code

CONTACT PERSON

TELEPHONE

Check One	MONITORING PERIOD						
	YEAR	MONTH	DAY	TO	YEAR	MONTH	DAY
<input type="checkbox"/>	2014	July	1		2014	December	31
<input type="checkbox"/>	2015	January	1		2015	June	30
<input type="checkbox"/>	2015	July	1		2015	December	31
<input type="checkbox"/>	2016	January	1		2016	June	30
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<input type="checkbox"/>	2018	January	1		2018	June	30
<input type="checkbox"/>	2018	July	1		2018	December	31
<input type="checkbox"/>	2019	January	1		2019	June	30

PARAMETER		CONCENTRATION				NO. EX.	SAMPLE TYPE
		MINIMUM	AVERAGE	MAXIMUM	UNITS		
004 TSS	REPORTED	*****	*****				
	BENCHMARK CON	*****	*****	100	MG/L		GRAB

Comments:

STORM EVENT			
DATE	YR	MO	DAY
DURATION	HRS	MIN	
RAINFALL TOTAL (IN.)			
PRECEDING EVENT	DAYS	HRS	

I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS TO THE BEST OF MY KNOWLEDGE AND BELIEF TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION,	PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		DATE			
	TYPED OR PRINTED NAME		SIGNATURE		YEAR	MO.

This report is required by your VPDES permit and by law. (See, e.g., the Code of Virginia of 1950 §62.1-44.5 and 9 VAC 25-31-50.) Failure to report or failure to report truthfully can result in civil penalties of \$32,500 per violation, per day and felony prosecutions which can carry a 15 year term.

DISCHARGE MONITORING REPORT (DMR) - GENERAL INSTRUCTIONS

1. Complete this form in permanent ink or indelible pencil. The use of 'correction fluids/tape' is not allowed.
2. Enter a check mark or otherwise indicate the appropriate "Monitoring Period" when sampling occurred.
3. For those parameters where the "REQUIREMENT" spaces have a reporting requirement or limitation, provide data in the "REPORTED" spaces in accordance with your permit.
4. Enter maximum concentration and units in the "REPORTED" spaces in the appropriate column under the header of "Concentration".
5. For all parameters enter the number of samples which do not comply with the minimum or maximum permit requirement in the "REPORTED" space in the column marked "No. Ex." (Number of Exceedances). If none, enter "0". Do NOT include monthly average violations in this field.
6. You are required to sample (at a minimum) according to the Sample Frequencies and Sample Types specified in your permit. If you sample more often than the Sample Frequency specified in your permit then all data must be used when completing the DMR.
7. Enter the actual type of sample (Grab, 8HC, 24HC, etc) collected for each parameter in the "REPORTED" space in the column marked "Sample Type".
8. Storm Event Information (i.e., a "measurable storm event" is a storm event that results in an actual discharge from the site, providing the interval from the preceding measurable Storm event is at least 72 hours):
 - a. Enter the date (Year/Month/Day) of the "measurable storm event"
 - b. Enter the duration (hours and minutes) of "measurable storm event"
 - c. Enter the rainfall total (inches) of the "measurable storm event"
 - d. Enter the number of days and hours from the preceding "measurable storm event"
9. The principal executive officer then reviews the form and must sign in the space provided and provide a telephone number where he/she can be reached. Enter the date (Year/Month/Day) the DMR was signed. Every page of the DMR must have an original signature and date.
10. Send the completed form(s) with original signatures to your Department of Environmental Quality Regional Office by the 10th of month following the monitoring period.
11. You are required to retain a copy of the report for your records.

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(REGIONAL OFFICE)
Northern Regional Office
13901 Crown Court
Woodbridge VA 22193
(703) 583-3800

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TYPE: **STORM WATER**
XXXXX MONITORING

VAR05XXXX	001
PERMIT NUMBER	OUTFALL NO.

Place an X in the monitoring period
in which the sample was collected

PERMITTEE NAME Facility Name

FACILITY NAME Facility Name
ADDRESS Facility Mailing Address
City VA Zip Code

FACILITY Facility Physical Address
LOCATION City VA Zip Code

CONTACT PERSON _____

TELEPHONE _____

Check One	MONITORING PERIOD						
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PARAMETER		CONCENTRATION				NO. EX.	SAMPLE TYPE
		MINIMUM	AVERAGE	MAXIMUM	UNITS		
004 TSS	REPORTED	*****	*****				
	BENCHMARK CON	*****	*****	100	MG/L		GRAB

Comments:

STORM EVENT INFORMATION			
DATE	YR	MO	DAY
DURATION	HRS	MIN	
RAINFALL TOTAL (IN.)			
PRECEDING EVENT	DAYS	HRS	

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 XXXXX MONITORING

PERMITTEE NAME Facility Name
 FACILITY NAME Facility Name
 ADDRESS Facility Mailing Address
 City VA Zip Code
 FACILITY LOCATION Facility Physical Address
 City VA Zip Code
 CONTACT PERSON Contact Person Name
 TELEPHONE Contact Telephone Number

**Enter Contact information
 for any DEQ questions**

VAR05XXXX	001
PERMIT NUMBER	OUTFALL NO.

**Place an X in the monitoring period
 in which the sample was collected**

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PERMITTEE NAME Facility Name

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FACILITY LOCATION Facility Physical Address
 City VA Zip Code

CONTACT PERSON **Contact Person Name**

TELEPHONE **Contact Telephone Number**

Enter Contact information for any DEQ questions

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Enter Comments as needed such as Extra Sampling, Identification of Revision to previous DMR

PARAMETER		CONCENTRATION				NO. EX.	SAMPLE TYPE
		MINIMUM	AVERAGE	MAXIMUM	UNITS		
004 TSS	REPORTED	*****	*****				
	BENCHMARK CON	*****	*****	100	MG/L		GRAB

STORM EVENT INFORMATION			
DATE	YR	MO	DAY
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RAINFALL TOTAL (IN.)			
PRECEDING EVENT	DAYS	HRS	

Comments: **Missing Storm Event Information added**

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 City VA Zip Code

FACILITY FACILITY Physical Address
 LOCATION City VA Zip Code

CONTACT PERSON **Contact Person Name**

TELEPHONE **Contact Telephone Number**

**Enter Contact information
 for any DEQ questions**

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004 TSS	REPORTED	*****	*****				
	BENCHMARK CON	*****	*****	100	MG/L		GRAB

STORM EVENT INFORMATION			
DATE	YR	MO	DAY
DURATION	HRS	MIN	
RAINFALL TOTAL (IN.)			
PRECEDING EVENT	DAYS	HRS	

Comments: **Missing Storm Event Information added**

Name, Signature and Date are required to validate the DMR submission

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	Executive Officer Name	<i>Executive Office Signature</i>	YY	MM	DD
	TYPED OR PRINTED NAME	SIGNATURE	YEAR	MO.	DAY

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PARAMETER		CONCENTRATION				NO. EX.	SAMPLE TYPE
		MINIMUM	AVERAGE	MAXIMUM	UNITS		
003 BOD5	REPORTED	*****	*****	31	MG/L	1	GRAB
	REQUIREMENT	*****	*****	30	MG/L		GRAB
004 TSS	REPORTED	*****	*****	75	MG/L	0	GRAB
	REQUIREMENT	*****	*****	100	MG/L		GRAB
008 COD	REPORTED	*****	*****	97	MG/L	0	GRAB
	REQUIREMENT	*****	*****	120	MG/L		GRAB
012 PHOSPHORUS, TOTAL (AS P)	REPORTED	*****	*****	1.9	MG/L	0	GRAB
	REQUIREMENT	*****	*****	2.0	MG/L		GRAB
013 NITROGEN, TOTAL (AS N)	REPORTED	*****	*****	2.1	MG/L	0	GRAB
	REQUIREMENT	*****	*****	2.2	MG/L		GRAB
039 AMMONIA, AS N	REPORTED	*****	*****	1.38	MG/L	0	GRAB
	REQUIREMENT	*****	*****	2.14	MG/L		GRAB

STORM EVENT INFORMATION			
DATE	YR	MO	DAY
DURATION	HRS	MIN	
RAINFALL TOTAL (IN.)			
RAINFALL TOTAL (IN.)	DAYS	HRS	

Comments: **Express data in same number of significant digits as the limit**

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	TYPED OR PRINTED NAME		SIGNATURE		YEAR

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	REQUIREMENT	*****	*****	30	MG/L		GRAB
004 TSS	REPORTED	*****	*****	75	MG/L	0	GRAB
	REQUIREMENT	*****	*****	100	MG/L		GRAB
008 COD	REPORTED	*****	*****	97	MG/L	0	GRAB
	REQUIREMENT	*****	*****	120	MG/L		GRAB
012 PHOSPHORUS, TOTAL (AS P)	REPORTED	*****	*****	1.9	MG/L	0	GRAB
	REQUIREMENT	*****	*****	2.0	MG/L		GRAB
013 NITROGEN, TOTAL (AS N)	REPORTED	*****	*****	2.1	MG/L	0	GRAB
	REQUIREMENT	*****	*****	2.2	MG/L		GRAB
039 AMMONIA, AS N	REPORTED	*****	*****	1.38	MG/L	0	GRAB
	REQUIREMENT	*****	*****	2.14	MG/L		GRAB

STORM EVENT INFORMATION			
DATE	YR	MO	DAY
DURATION	HRS	MIN	
RAINFALL TOTAL (IN.)			
RAINFALL TOTAL (IN.)	DAYS	HRS	

Comments:

Express data in same number of significant digits as the limit

Enter data in DMR units - convert lab units as needed (µg/L to mg/L or mg/L to µg/L as appropriate)

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CONTACT PERSON _____

TELEPHONE _____

Enter 1 if the data exceeds the CONCMAX limit or does not achieve the CONCMIN limit

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PARAMETER		CONCENTRATION				NO. EX.	SAMPLE TYPE
		MINIMUM	AVERAGE	MAXIMUM	UNITS		
003 BOD5	REPORTED	*****	*****	31	MG/L	1	GRAB
	REQUIREMENT	*****	*****	30	MG/L		GRAB
004 TSS	REPORTED	*****	*****	75	MG/L	0	GRAB
	REQUIREMENT	*****	*****	100	MG/L		GRAB
008 COD	REPORTED	*****	*****	97	MG/L	0	GRAB
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012 PHOSPHORUS, TOTAL (AS P)	REPORTED	*****	*****	1.9	MG/L	0	GRAB
	REQUIREMENT	*****	*****	2.0	MG/L		GRAB
013 NITROGEN, TOTAL (AS N)	REPORTED	*****	*****	2.1	MG/L	0	GRAB
	REQUIREMENT	*****	*****	2.2	MG/L		GRAB
039 AMMONIA, AS N	REPORTED	*****	*****	1.38	MG/L	0	GRAB
	REQUIREMENT	*****	*****	2.14	MG/L		GRAB

STORM EVENT INFORMATION			
DATE	YR	MO	DAY
DURATION	HRS	MIN	
RAINFALL TOTAL (IN.)			
RAINFALL TOTAL (IN.)	DAYS	HRS	

Comments: **Express data in same number of significant digits as the limit**

Enter data in DMR units - convert lab units as needed (µg/L to mg/L or mg/L to µg/L as appropriate)

I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS TO THE BEST OF MY KNOWLEDGE AND BELIEF TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION,	PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		DATE		
	TYPED OR PRINTED NAME		SIGNATURE		YEAR MO. DAY

COMMONWEALTH OF VIRGINIA
DEPARTMENT OF ENVIRONMENTAL QUALITY
VIRGINIA POLLUTANT DISCHARGE ELIMINATION SYSTEM (VPDES)
DISCHARGE MONITORING REPORT (DMR)

DEPT OF ENVIRONMENTAL QUALITY
(RREGIONAL OFFICE)

Northern Regional Office

13901 Crown Court

Woodbridge
(703) 583-3800

VA

22193

NOTE: READ PERMIT AND GENERAL INSTRUCTIONS BEFORE COMPLETING THIS FORM

TYPE: **STORM WATER**
XXXXX MONITORING

VAR05XXXX
PERMIT NUMBER

001
OUTFALL NO.

PERMITTEE NAME Facility Name

FACILITY NAME Facility Name
ADDRESS Facility Mailing Address
City VA Zip Code

FACILITY LOCATION Facility Physical Address
City VA Zip Code

CONTACT PERSON _____

TELEPHONE _____

Enter 1 if the data exceeds the CONCMAX limit or does not achieve the CONCMIN limit

Check One	MONITORING PERIOD						
	YEAR	MONTH	DAY	TO	YEAR	MONTH	DAY
	2014	July	1		2014	December	31
	2015	January	1		2015	June	30
	2015	July	1		2015	December	31
	2016	January	1		2016	June	30
	2016	July	1		2016	December	31
	2017	January	1		2017	June	30
	2017	July	1		2017	December	31
	2018	January	1		2018	June	30
	2018	July	1		2018	December	31
	2019	January	1		2019	June	30

Enter the actual Sample Type collected

PARAMETER		CONCENTRATION				NO. EX.	SAMPLE TYPE
		MINIMUM	AVERAGE	MAXIMUM	UNITS		
003 BOD5	REPORTED	*****	*****	31	MG/L	1	GRAB
	REQUIREMENT	*****	*****	30	MG/L		GRAB
004 TSS	REPORTED	*****	*****	75	MG/L	0	GRAB
	REQUIREMENT	*****	*****	100	MG/L		GRAB
008 COD	REPORTED	*****	*****	97	MG/L	0	GRAB
	REQUIREMENT	*****	*****	120	MG/L		GRAB
012 PHOSPHORUS, TOTAL (AS P)	REPORTED	*****	*****	1.9	MG/L	0	GRAB
	REQUIREMENT	*****	*****	2.0	MG/L		GRAB
013 NITROGEN, TOTAL (AS N)	REPORTED	*****	*****	2.1	MG/L	0	GRAB
	REQUIREMENT	*****	*****	2.2	MG/L		GRAB
039 AMMONIA, AS N	REPORTED	*****	*****	1.38	MG/L	0	GRAB
	REQUIREMENT	*****	*****	2.14	MG/L		GRAB

STORM EVENT INFORMATION			
DATE	YR	MO	DAY
DURATION	HRS	MIN	
RAINFALL TOTAL (IN.)			
RAINFALL TOTAL (IN.)	DAYS	HRS	

Comments: **Express data in same number of significant digits as the limit**

Enter data in DMR units - convert lab units as needed (µg/L to mg/L or mg/L to µg/L as appropriate)

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	TYPED OR PRINTED NAME	SIGNATURE	YEAR	MO.	DAY

COMMONWEALTH OF VIRGINIA
DEPARTMENT OF ENVIRONMENTAL QUALITY
VIRGINIA POLLUTANT DISCHARGE ELIMINATION SYSTEM (VPDES)
DISCHARGE MONITORING REPORT (DMR)

DEPT OF ENVIRONMENTAL QUALITY
(REGIONAL OFFICE)

Northern Regional Office

13901 Crown Court

Woodbridge
(703) 583-3800

VA

22193

NOTE: READ PERMIT AND GENERAL INSTRUCTIONS BEFORE COMPLETING THIS FORM

TYPE: **STORM WATER**
XXXXX MONITORING

VAR05XXXX	001
PERMIT NUMBER	OUTFALL NO.

PERMITTEE NAME Facility Name

FACILITY NAME Facility Name
ADDRESS Facility Mailing Address
City VA Zip Code

FACILITY Facility Physical Address
LOCATION City VA Zip Code

CONTACT PERSON _____

TELEPHONE _____

Check One	MONITORING PERIOD						
	YEAR	MONTH	DAY	TO	YEAR	MONTH	DAY
	2014	July	1		2014	December	31
	2015	January	1		2015	June	30
	2015	July	1		2015	December	31
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	2016	July	1		2016	December	31
	2017	January	1		2017	June	30
	2017	July	1		2017	December	31
	2018	January	1		2018	June	30
	2018	July	1		2018	December	31
	2019	January	1		2019	June	30

Enter Storm Event
Information in all fields

PARAMETER		CONCENTRATION				NO. EX.	SAMPLE TYPE
		MINIMUM	AVERAGE	MAXIMUM	UNITS		
004 TSS	REPORTED	*****	*****				
	BENCHMARK CON	*****	*****	100	MG/L		GRAB

STORM EVENT INFORMATION			
DATE	YR	MO	DAY
	YY	MM	DD
DURATION	HRS	MIN	
	HRS	MIN	
RAINFALL TOTAL (IN.)	X . XX		
PRECEDING EVENT	DAYS	HRS	
	DD	HRS	

> and < signs are not appropriate in this table, reduce to lowest units -
Duration enter 2 hours rather than 120 minutes, or Preceding
Event enter 3 days rather than 72 hours

Comments:

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COMMONWEALTH OF VIRGINIA
DEPARTMENT OF ENVIRONMENTAL QUALITY
VIRGINIA POLLUTANT DISCHARGE ELIMINATION SYSTEM (VPDES)
DISCHARGE MONITORING REPORT (DMR)

DEPT OF ENVIRONMENTAL QUALITY
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TYPE: **STORM WATER**
XXXXX MONITORING

VAR05XXXX
PERMIT NUMBER

001
OUTFALL NO.

PERMITTEE NAME Facility Name

FACILITY NAME Facility Name
ADDRESS Facility Mailing Address
City VA Zip Code

FACILITY Facility Physical Address
LOCATION City VA Zip Code

CONTACT PERSON _____

TELEPHONE _____

Check One	MONITORING PERIOD						
	YEAR	MONTH	DAY	TO	YEAR	MONTH	DAY
	2014	July	1		2014	December	31
	2015	January	1		2015	June	30
	2015	July	1		2015	December	31
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	2016	July	1		2016	December	31
	2017	January	1		2017	June	30
	2017	July	1		2017	December	31
	2018	January	1		2018	June	30
	2018	July	1		2018	December	31
	2019	January	1		2019	June	30

PARAMETER		CONCENTRATION				NO. EX.	SAMPLE TYPE
		MINIMUM	AVERAGE	MAXIMUM	UNITS		
004 TSS	REPORTED	*****	*****				
	BENCHMARK CON	*****	*****	100	MG/L		GRAB

STORM EVENT INFORMATION			
DATE	YR	MO	DAY
DURATION	HRS	MIN	
RAINFALL TOTAL (IN.)			
PRECEDING EVENT	DAYS	HRS	

Comments: **Outfalls 002 and 003 are Significantly Identical to Representative Outfall 001**

Enter Comments as needed such as Representative Outfall Information

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COMMONWEALTH OF VIRGINIA
DEPARTMENT OF ENVIRONMENTAL QUALITY
VIRGINIA POLLUTANT DISCHARGE ELIMINATION SYSTEM (VPDES)
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VA

22193

NOTE: READ PERMIT AND GENERAL INSTRUCTIONS BEFORE COMPLETING THIS FORM

TYPE: **STORM WATER**

EFFLUENT LIMITATION MONITORING

VAR05XXXX
PERMIT NUMBER

001
OUTFALL NO.

PERMITTEE NAME Facility Name

FACILITY NAME Facility Name

ADDRESS Facility Mailing Address

City VA Zip Code

FACILITY Facility Physical Address

LOCATION City VA Zip Code

CONTACT PERSON _____

TELEPHONE _____

If only 1 sample is taken, the pH CONCMIN and CONCMAX will be the same data value

Check One	MONITORING PERIOD						
	YEAR	MONTH	DAY	TO	YEAR	MONTH	DAY
	2014	July	1		2014	December	31
	2015	January	1		2015	June	30
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	2017	July	1		2017	December	31
	2018	January	1		2018	June	30
	2018	July	1		2018	December	31
	2019	January	1		2019	June	30

PARAMETER		CONCENTRATION				NO. EX.	SAMPLE TYPE
		MINIMUM	AVERAGE	MAXIMUM	UNITS		
002 pH	REPORTED		*****		SU	0	GRAB
	REQUIREMENT	6.0	*****	9.0	SU		GRAB
003 BOD5	REPORTED	*****			MG/L	0	GRAB
	REQUIREMENT	*****	37	140	MG/L		GRAB
004 TSS	REPORTED	*****			MG/L	0	GRAB
	REQUIREMENT	*****	27	88	MG/L		GRAB
020 ZINC, TOTAL (AS ZN)	REPORTED	*****			MG/L	0	GRAB
	REQUIREMENT	*****	0.11	0.20	MG/L		GRAB
039 AMMONIA, AS N	REPORTED	*****			MG/L	0	GRAB
	REQUIREMENT	*****	4.9	10	MG/L		GRAB
052 ALPHA-TERPINEOL	REPORTED	*****			MG/L	0	GRAB
	REQUIREMENT	*****	0.016	0.033	MG/L		GRAB

STORM EVENT INFORMATION			
DATE	YR	MO	DAY
DURATION	HRS	MIN	
RAINFALL TOTAL (IN.)			
RAINFALL TOTAL (IN.)	DAYS	HRS	

Comments:

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	TYPED OR PRINTED NAME	SIGNATURE	YEAR	MO.	DAY

COMMONWEALTH OF VIRGINIA
DEPARTMENT OF ENVIRONMENTAL QUALITY
VIRGINIA POLLUTANT DISCHARGE ELIMINATION SYSTEM (VPDES)
DISCHARGE MONITORING REPORT (DMR)

DEPT OF ENVIRONMENTAL QUALITY
 (REGIONAL OFFICE)

Northern Regional Office

13901 Crown Court

Woodbridge
 (703) 583-3800

VA

22193

NOTE: READ PERMIT AND GENERAL INSTRUCTIONS BEFORE COMPLETING THIS FORM

TYPE: **STORM WATER**

EFFLUENT LIMITATION MONITORING

VAR05XXXX
PERMIT NUMBER

001
OUTFALL NO.

PERMITTEE NAME Facility Name

FACILITY NAME Facility Name

ADDRESS Facility Mailing Address

City VA Zip Code

FACILITY LOCATION Facility Physical Address

City VA Zip Code

CONTACT PERSON

TELEPHONE

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Check One	MONITORING PERIOD						
	YEAR	MONTH	DAY	TO	YEAR	MONTH	DAY
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	2019	January	1		2019	June	30

PARAMETER		CONCENTRATION				NO. EX.	SAMPLE TYPE
		MINIMUM	AVERAGE	MAXIMUM	UNITS		
002 pH	REPORTED		*****		SU	0	GRAB
	REQUIREMENT	6.0	*****	9.0	SU		GRAB
003 BOD5	REPORTED	*****			MG/L	0	GRAB
	REQUIREMENT	*****	37	140	MG/L		GRAB
004 TSS	REPORTED	*****			MG/L	0	GRAB
	REQUIREMENT	*****	27	88	MG/L		GRAB
020 ZINC, TOTAL (AS ZN)	REPORTED	*****			MG/L	0	GRAB
	REQUIREMENT	*****	0.11	0.20	MG/L		GRAB
039 AMMONIA, AS N	REPORTED	*****			MG/L	0	GRAB
	REQUIREMENT	*****	4.9	10	MG/L		GRAB
052 ALPHA-TERPINEOL	REPORTED	*****			MG/L	0	GRAB
	REQUIREMENT	*****	0.016	0.033	MG/L		GRAB

STORM EVENT INFORMATION			
DATE	YR	MO	DAY
DURATION	HRS	MIN	
RAINFALL TOTAL (IN.)			
RAINFALL TOTAL (IN.)	DAYS	HRS	

Multiple samples within the same month can be used for calculating the

Comments:

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	TYPED OR PRINTED NAME	SIGNATURE	YEAR	MO.	DAY

COMMONWEALTH OF VIRGINIA
DEPARTMENT OF ENVIRONMENTAL QUALITY
VIRGINIA POLLUTANT DISCHARGE ELIMINATION SYSTEM (VPDES)
DISCHARGE MONITORING REPORT (DMR)

DEPT OF ENVIRONMENTAL QUALITY
 (REGIONAL OFFICE)
 Northern Regional Office
 13901 Crown Court
 Woodbridge VA 22193
 (703) 583-3800

NOTE: READ PERMIT AND GENERAL INSTRUCTIONS BEFORE COMPLETING THIS FORM

TYPE: **STORM WATER**
 EFFLUENT LIMITATION MONITORING

VAR05XXXX	001
PERMIT NUMBER	OUTFALL NO.

PERMITTEE NAME Facility Name

FACILITY NAME Facility Name

ADDRESS Facility Mailing Address
 City VA Zip Code

FACILITY LOCATION Facility Physical Address
 City VA Zip Code

CONTACT PERSON _____

TELEPHONE _____

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Check One	MONITORING PERIOD						
	YEAR	MONTH	DAY	TO	YEAR	MONTH	DAY
	2014	July	1		2014	December	31
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	2018	July	1		2018	December	31
	2019	January	1		2019	June	30

If multiple samples are averaged the first Storm Event Information should entered (Subsequent Storm Event Information should be included on a separate page or eDMR attachment)

PARAMETER		CONCENTRATION				NO. EX.	SAMPLE TYPE
		MINIMUM	AVERAGE	MAXIMUM	UNITS		
002 pH	REPORTED		*****		SU	0	GRAB
	REQUIREMENT	6.0	*****	9.0	SU		GRAB
003 BOD5	REPORTED	*****			MG/L	0	GRAB
	REQUIREMENT	*****	37	140	MG/L		GRAB
004 TSS	REPORTED	*****			MG/L	0	GRAB
	REQUIREMENT	*****	27	88	MG/L		GRAB
020 ZINC, TOTAL (AS ZN)	REPORTED	*****			MG/L	0	GRAB
	REQUIREMENT	*****	0.11	0.20	MG/L		GRAB
039 AMMONIA, AS N	REPORTED	*****			MG/L	0	GRAB
	REQUIREMENT	*****	4.9	10	MG/L		GRAB
052 ALPHA-TERPINEOL	REPORTED	*****			MG/L	0	GRAB
	REQUIREMENT	*****	0.016	0.033	MG/L		GRAB

STORM EVENT INFORMATION			
DATE	YR	MO	DAY
DURATION	HRS	MIN	
RAINFALL TOTAL (IN.)			
RAINFALL TOTAL (IN.)	DAYS	HRS	

Multiple samples within the same month can be used for calculating the

Comments:

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	TYPED OR PRINTED NAME		SIGNATURE		YEAR MO. DAY

COMMONWEALTH OF VIRGINIA
DEPARTMENT OF ENVIRONMENTAL QUALITY
VIRGINIA POLLUTANT DISCHARGE ELIMINATION SYSTEM (VPDES)
DISCHARGE MONITORING REPORT (DMR)

DEPT OF ENVIRONMENTAL QUALITY
 (REGIONAL OFFICE)
 Northern Regional Office
 13901 Crown Court
 Woodbridge VA 22193
 (703) 583-3800

NOTE: READ PERMIT AND GENERAL INSTRUCTIONS BEFORE COMPLETING THIS FORM

TYPE: **STORM WATER**
 EFFLUENT LIMITATION MONITORING

VAR05XXXX	001
PERMIT NUMBER	OUTFALL NO.

PERMITTEE NAME Facility Name

FACILITY NAME Facility Name

ADDRESS Facility Mailing Address
 City VA Zip Code

FACILITY LOCATION Facility Physical Address
 City VA Zip Code

CONTACT PERSON _____

TELEPHONE _____

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PARAMETER		CONCENTRATION				NO. EX.	SAMPLE TYPE
		MINIMUM	AVERAGE	MAXIMUM	UNITS		
002 pH	REPORTED		*****		SU	0	GRAB
	REQUIREMENT	6.0	*****	9.0	SU		GRAB
003 BOD5	REPORTED	*****			MG/L	0	GRAB
	REQUIREMENT	*****	37	140	MG/L		GRAB
004 TSS	REPORTED	*****			MG/L	0	GRAB
	REQUIREMENT	*****	27	88	MG/L		GRAB
020 ZINC, TOTAL (AS ZN)	REPORTED	*****			MG/L	0	GRAB
	REQUIREMENT	*****	0.11	0.20	MG/L		GRAB
039 AMMONIA, AS N	REPORTED	*****			MG/L	0	GRAB
	REQUIREMENT	*****	4.9	10	MG/L		GRAB
052 ALPHA-TERPINEOL	REPORTED	*****			MG/L	0	GRAB
	REQUIREMENT	*****	0.016	0.033	MG/L		GRAB

STORM EVENT INFORMATION			
DATE	YR	MO	DAY
DURATION	HRS	MIN	
RAINFALL TOTAL (IN.)			
RAINFALL TOTAL (IN.)	DAYS	HRS	

Multiple samples within the same month can be used for calculating the

Comments:

Any exceedance of limit requires review of SWPPP, modification as needed and Corrective Action Report by 4/10 or 10/10

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COMMONWEALTH OF VIRGINIA
DEPARTMENT OF ENVIRONMENTAL QUALITY
VIRGINIA POLLUTANT DISCHARGE ELIMINATION SYSTEM (VPDES)
DISCHARGE MONITORING REPORT (DMR)

DEPT OF ENVIRONMENTAL QUALITY
 (REGIONAL OFFICE)

Northern Regional Office

13901 Crown Court

Woodbridge
 (703) 583-3800

VA

22193

NOTE: READ PERMIT AND GENERAL INSTRUCTIONS BEFORE COMPLETING THIS FORM

TYPE: **STORM WATER**

TMDL WASTE LOAD ALLOCATION MONITORING

VAR05XXXX
PERMIT NUMBER

001
OUTFALL NO.

PERMITTEE NAME Facility Name

FACILITY NAME Facility Name

ADDRESS Facility Mailing Address

City VA Zip Code

FACILITY FACILITY Physical Address

LOCATION City VA Zip Code

CONTACT PERSON

TELEPHONE

Check One	MONITORING PERIOD						
	YEAR	MONTH	DAY	TO	YEAR	MONTH	DAY
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	2017	January	1		2017	June	30
	2017	July	1		2017	December	31
	2018	January	1		2018	June	30
	2018	July	1		2018	December	31
	2019	January	1		2019	June	30

Non Chesapeake Bay TMDL parameters reporting required through entire permit period

PARAMETER		CONCENTRATION				NO. EX.	SAMPLE TYPE
		MINIMUM	AVERAGE	MAXIMUM	UNITS		
004 TSS	REPORTED	*****	*****				
	REQUIREMENT	*****	*****	70	MG/L		GRAB
929 ChesBay TMDL TSS	REPORTED	*****	*****				
	REQUIREMENT	*****	*****	NL	MG/L		GRAB
930 ChesBay TMDL Nitrogen, Total (as N)	REPORTED	*****	*****				
	REQUIREMENT	*****	*****	NL	MG/L		GRAB
930 ChesBay TMDL Phosphorus, Total (as P)	REPORTED	*****	*****				
	REQUIREMENT	*****	*****	NL	MG/L		GRAB

STORM EVENT INFORMATION			
DATE	YR	MO	DAY
DURATION	HRS	MIN	
RAINFALL TOTAL (IN.)			
RAINFALL TOTAL (IN.)	DAYS	HRS	

Reporting required for Chesapeake Bay TMDL parameters 929, 930, 931 for 4 monitoirng periods only

Comments: Chesapeake Bay TMDL monitoring is only required July 1, 2014 through June 30, 2016.

I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS TO THE BEST OF MY KNOWLEDGE AND BELIEF TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION,	PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		DATE		
	TYPED OR PRINTED NAME	SIGNATURE	YEAR	MO.	DAY

COMMONWEALTH OF VIRGINIA
DEPARTMENT OF ENVIRONMENTAL QUALITY
VIRGINIA POLLUTANT DISCHARGE ELIMINATION SYSTEM (VPDES)
DISCHARGE MONITORING REPORT (DMR)

DEPT OF ENVIRONMENTAL QUALITY
(REGIONAL OFFICE)

Northern Regional Office

13901 Crown Court

Woodbridge
(703) 583-3800

VA

22193

NOTE: READ PERMIT AND GENERAL INSTRUCTIONS BEFORE COMPLETING THIS FORM

TYPE: **STORM WATER**

TMDL WASTE LOAD ALLOCATION MONITORING

VAR05XXXX
PERMIT NUMBER

001
OUTFALL NO.

PERMITTEE NAME Facility Name

FACILITY NAME Facility Name

ADDRESS Facility Mailing Address

City VA Zip Code

FACILITY Facility Physical Address

LOCATION City VA Zip Code

CONTACT PERSON

TELEPHONE

Check One	MONITORING PERIOD						
	YEAR	MONTH	DAY	TO	YEAR	MONTH	DAY
	2014	July	1		2014	December	31
	2015	January	1		2015	June	30
	2015	July	1		2015	December	31
	2016	January	1		2016	June	30
	2016	July	1		2016	December	31
	2017	January	1		2017	June	30
	2017	July	1		2017	December	31
	2018	January	1		2018	June	30
	2018	July	1		2018	December	31
	2019	January	1		2019	June	30

Enter 1 if the data exceeds the CONCMAX limit

Enter the actual Sample Type collected

PARAMETER		CONCENTRATION				NO. EX.	SAMPLE TYPE
		MINIMUM	AVERAGE	MAXIMUM	UNITS		
004 TSS	REPORTED	*****	*****	75	MG/L	1	GRAB
	REQUIREMENT	*****	*****	70	MG/L		GRAB
929 ChesBay TMDL TSS	REPORTED	*****	*****	75	MG/L	0	GRAB
	REQUIREMENT	*****	*****	NL	MG/L		GRAB
930 ChesBay TMDL Nitrogen, Total (as N)	REPORTED	*****	*****	30	MG/L	0	GRAB
	REQUIREMENT	*****	*****	NL	MG/L		GRAB
930 ChesBay TMDL Phosphorus, Total (as P)	REPORTED	*****	*****	20	MG/L	0	GRAB
	REQUIREMENT	*****	*****	NL	MG/L		GRAB

STORM EVENT INFORMATION			
DATE	YR	MO	DAY
DURATION	HRS	MIN	
RAINFALL TOTAL (IN.)			
RAINFALL TOTAL (IN.)	DAYS	HRS	

Comments: Chesapeake Bay TMDL monitoring is only required July 1, 2014 through June 30, 2016.

If excess of loading value, ChesBay TMDL Action Plan required by 3/30/17 and annual report by 6/30

Enter data in DMR units - convert lab units as needed (µg/L to mg/L or mg/L to µg/L as appropriate)

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	This date is dependent on date of permit issuance and will be within 90 days from the end of the 2nd years monitoring period; may not be the same on your DMR			
	TYPED OR PRINTED NAME		YEAR	MO. DAY

eDMR Contact Information

Help Telephone Line: 1-800-332-6542 (Option 1 for DEQ Northern Regional Office)

eDMR Contact: (DEQ Northern Regional Office)

Rebecca Vice rebecca.vice@deq.virginia.gov
13901 Crown Court, Woodbridge, VA 22193
703-583-3922

eDMR Resource Links on DEQ Website

DEQ eDMR Information Page

<http://www.deq.virginia.gov/Programs/Water/PermittingCompliance/ElectronicDMRsubmissions.aspx>

- Application Registration Information
<http://www.deq.virginia.gov/Portals/0/DEQ/Water/VirginiaDEQFacilityPackage.docx>
- Links to Training Videos (on DEQ eDMR Information Page link above)

General Information

Log In and Profile Management
Create a Report: Online Entry
Create a Report: Excel Copy/Paste
Create a Report: XML Upload
Edit: Open Report
Review: Submissions/Revisions

Watershed General Permit for Nutrient Trading (i.e., the Nutrient Trading General Permit)

Aggregated Mass Load Facilities

Industrial Stormwater General Permit

Unique Features

- User's Guide
http://www.deq.virginia.gov/Portals/0/DEQ/Water/Compliance/Users_Guide.pdf
- Frequently Asked Questions

Instructions for Completing Registration Forms

Registration to participate in the eDMR system for submitting DMRs is done on eDMR Form-1. The form can be completed and saved as a file. On page 2 the permittee name is the name of the facility. An authorized official should sign the form to delegate authority for the designed personnel to act in the specified roles. Each listed individual must have a unique email address.

If an eDMR user is to be a Certifier for approving the reports, a notarized eDMR Form-2 will also need to be submitted.

To expedite the processing of an Application, scanned copies of documents can be emailed with follow-up by mailing original documents to DEQ.

Processing an eDMR Application usually takes about 2 weeks.

Compliance Auditors

DEQ Northern Regional Office

Rebecca Vice rebecca.vice@deq.virginia.gov
13901 Crown Court, Woodbridge, VA 22193
703-583-3922
1-800-332-6542 (Option 1)

DEQ Piedmont Regional Office

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4949-A Cox Road, Glen Allen, VA 23060
804-527-5127
1-800-332-6542 (Option 3)

DEQ Tidewater Regional Office

Debbie Kay deborah.kay@deq.virginia.gov
5636 Southern Boulevard, Virginia Beach, VA 23462
757-518-2127
1-800-332-6542 (Option 2)

Barbara Jones barbara.jones@deq.virginia.gov
5636 Southern Boulevard, Virginia Beach, VA 23462
757-518-2018
1-800-332-6542 (Option 2)

DEQ Valley Regional Office

Linda Ferguson-Davie linda.ferguson-davie@deq.virginia.gov
4411 Early Road, Harrisonburg, VA 22801
540-574-7806
1-800-332-6542 (Option 4)

DEQ Blue Ridge Regional Office-Lynchburg

Peggy Barbour peggy.barbour@deq.virginia.gov
7705 Timberlake Road, Lynchburg, VA 24502
434-582-6203
1-800-332-6542 (Option 6)

DEQ Blue Ridge Regional Office-Roanoke

Cathy Kibler cathy.kibler@deq.virginia.gov
3019 Peters Creek Road NW, Roanoke, VA 24019
540-5626779
1-800-332-6542 (Option 5)

DEQ Southwest Regional Office

Ruby Scott ruby.scott@deq.virginia.gov
355 Deadmore Street, Abingdon, VA 24210
276-676-4882
1-800-332-6542 (Option 7)

DEQ Central Office, Richmond, VA

1-800-332-6542 (Option 8)